FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)													
			Office use only										
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)		nple: If typyir the lines	ıg, type	12	PE4N	/ 15					
Charles Bous	stany JR MD for C	ongress, INC					ш	ш	Ш		ш		Ш
													Ш
ADDRESS (number and	d street)	Box 80126					ш	ш	ш				لــا
X (Check if ad	dress		ш	шш		ш	ш	ш	Ш	ш		_ _	Ш
is changed)	Lafa	yette 		шш	ш	L	A	L	70)598	- []	126	Ш
COMMITTEE'S E-MA	All ADDDESS		CITY▲				\TE ▲			ZIP CODE 📥			
cfs@talentpa													
Ciscitalentpa			ш				щ			ш			Ш
			ш	шш		ш	ш	ш	ш	ш		L	Ц
COMMITTEE'S WEE	B PAGE ADDRESS (U	IRL)											
www.charles	sboustany.com					ш	ш	ш	ш				لــا
		11111									ш		Ш
2. DATE 1	M / D D / Y												
3. FEC IDENTIFIC	ATION NUMBER		C C00	394866									
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)													
I certify that I have exart	nined this Statement and	I to the best of my kno		d belief it is tr	ue, correct a	and com	nplete						
Signature of Treasure	er Electronically File	ed by Mr. Alan [D. Heber	t		Date		1 0 ^M	/ D	1 ^D 0 /	Y	2 0 0	8
NOTE: Submission of t	alse, erroneous, or incor	nplete information mag	•		· ·				es of 2 U	.S.C. S4	·37g.		
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